

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2011 - 415 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sharon A. McCaston

Telephone: 803-366-6881

Address: 1576 Ebenezer Rd

Fax: 803-366-6883

Rock Hill SC 29732

Other: Cell 803-322-7031

Email: shaymcc@comporium.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request to Rescind Order Granting Name Change to a PC&N

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: December 2, 2014

Please consider this a request for the PSC to rescind Order No. 2014-871 that granted me the authority to amend the name on my Class:

- ☐ C (Taxi) Certificate    ☐ C Charter Certificate    ☐ C Charter Bus Certificate  
☒ C Non-Emergency Certificate    ☐ E Household Goods Certificate  
☐ E Hazardous Wastes Certificate

*New Name that was approved: Integrity Transport, LLC  
I want to keep the current name of the certificate as it is.*

*Current Name:*

Miriam Agnes Allen  
(Name of Company)

DBA At-Your-Service Medical Transport  
(If applicable)

⊗ 1576 Ebenezer Rd  
(Street Address)

⊗ 1576 Ebenezer Rd  
(Mailing Address)

⊗ Rock Hill SC 29732  
(City, State, Zip Code)

⊗ Rock Hill SC 29732  
(Mailing City, State, Zip Code)

⊗ 803-366-6881  
(Telephone Number)

⊗ Miriam Agnes Allen  
(Signature)

⊗ DWhe  
(Title) Owner, President, Vice-Pres, etc.